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AN ASSESSMENT OF USAID REPRODUCTIVE HEALTH AND FAMILY PLANNING ACTIVITIES IN THE EASTERN EUROPEAN AND EURASIAN REGION

EXECUTIVE SUMMARY

FEBRUARY 2005

This publication was produced for review by the United States Agency for International Development. It was prepared by Pinar Senlet and Andrew Kantner through the POPTECH Project.

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Submitted by LTG Associates, Inc. and Social & Scientific Systems, Inc., to the United States Agency for International Development under USAID Contract No. HRN–C–00–00–00007–00.

AN ASSESSMENT OF USAID REPRODUCTIVE HEALTH AND FAMILY PLANNING ACTIVITIES IN THE EASTERN EUROPEAN AND EURASIAN REGION

WITH SPECIAL REFERENCE TO ARMENIA,
KAZAKHSTAN, AND ROMANIA

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DISCLAIMER

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

ACKNOWLEDGMENTS

The authors would like to acknowledge the support they received from the leadership and staff of the Office of Democracy, Governance and Social Transition, Bureau for Europe and Eurasia (EE/DGST) in conducting this evaluation. The team expresses special appreciation to Harriett Destler, team leader for health, EE/DGST, and Mary Jo Lazear, the former senior family planning adviser of the same office. Both individuals provided valuable information and insights as the team progressed from gathering information, drawing conclusions, and making recommendations. Warren Robinson also provided useful guidance in identifying priority issues that have been further explored in this report.

The team also would like to acknowledge the time and assistance provided by the staff of USAID Missions in countries visited during the evaluation: USAID/Kazakhstan, USAID/Armenia, and USAID/Romania. The views and thoughts of Mission staff were extremely useful in understanding the outcomes of USAID's reproductive health/family planning (RH/FP) activities in the region.

Finally, special thanks go to the staff of the Population Technical Assistance Project (POPTECH), particularly Callie Curtis, Corey Taylor, and Larry Smith, for their tireless support throughout the evaluation.

ACRONYMS

AEEB	Assistance to Eastern Europe and the Baltics
AIHA	American International Health Alliance
ARAS	Romanian Association Against AIDS
ASTP	Armenia Social Transition Program
BCC	Behavior change communication
CDC	Center for Disease Control and Prevention
CEDPA	Centre for Development and Population Activities
CMS	Commercial Market Strategies project
CYP	Couple year of protection
DFID	Department for International Development (United Kingdom)
DHS	Demographic and Health Survey
DOTS	Directly observed treatment, short course
E&E	Eastern European and Eurasian
EEIRH	East European Institute for Reproductive Health
EU	European Union
FP	Family planning
FSA	Freedom Support Act
FY	Fiscal year
GTZ	German Technical Cooperation
HIV/AIDS	Human immunodeficiency virus/acquired immune deficiency syndrome
IEC	Information, education, and communication
IUD	Intrauterine device
JHU/CCP	Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs
JHU/PCS	Johns Hopkins University Population Communication Services
JSI	John Snow, Inc.
KDHS	Kazakhstan Demographic and Health Survey
LMIS	Logistics management information system
MCH	Maternal and child health
MMR	Maternal mortality rate
MOH	Ministry of Health
MSH	Management Sciences for Health
NGO	Nongovernmental organization
PSI	Population Services International
RFHI	Romania Family Health Initiative
RH	Reproductive health
RHS	Reproductive health survey
RTI	Reproductive tract infection
SEATS	Service Expansion and Technical Support Project
SECS	Society for Education on Contraception and Sexuality
SOMARC	Social Marketing for Change project
STD	Sexually transmitted disease
STI	Sexually transmitted infection
TASC II	Technical Assistance and Support Contract (TASC) II project
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development

USAID/E&E	Bureau for Europe and Eurasia
USAID/EE/DGST	Office of Democracy, Governance, and Social Transition
WHO	World Health Organization
WIN	Women and Infant Health project
WWC	Women's Wellness Center
YfY	Youth for Youth Foundation

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The objective of this external assessment was to review the extent to which the U.S. Agency for International Development's (USAID's) reproductive health (RH) and family planning (FP) assistance over the past decade in the Eastern European and Eurasian (E&E) region has been effective in addressing the major RH/FP needs of women and men, that is, high levels of unintended pregnancy, excessive reliance on abortion, and high maternal morbidity and mortality (compared with Western Europe and North America), stemming in part from complications resulting from the use of abortion. More specifically, the assessment examined whether USAID assistance has contributed to improved delivery and increased use of modern methods of contraception¹ and other reproductive health care, to reduced reliance on abortion, and to the promotion of new RH/FP initiatives (models) that are effective in contributing to enhanced service availability and use.

USAID's RH/FP programs in many E&E countries have been successful in

- promoting the use of modern contraception as an alternative to abortion,
- training health care professionals in RH/FP,
- establishing contraceptive logistics management information systems,
- providing information and education to target audiences, and
- conducting mass media campaigns.

The E&E countries that have been most successful in providing quality RH/FP care have also had rapidly growing economies, higher levels of government commitment to RH/FP programming, greater USAID Mission support for RH/FP activities, more involvement of the commercial and nongovernmental organization (NGO) sectors, and a greater willingness to integrate RH/FP care into primary and family-centered maternity care.

Program experience has shown that the use of modern contraception is highly effective in reducing the number of unintended pregnancies and abortions. In many E&E countries, women have indicated that if they were given alternatives, they would not seek an abortion. Evidence clearly shows that most of the E&E countries that have achieved substantial gains in the use of modern contraception have also recorded sizeable declines in abortion rates.

There is considerable potential to further reduce abortion levels in the E&E region if the use of modern RH/FP care is further enhanced. For levels to drop, it will be necessary to ensure proactive policies that support programs providing family planning services and to ensure that contraceptives are reliably procured and distributed. In many E&E countries, increased attention also will need to be given to the rising cost of RH/FP care to ensure access to care, especially among more vulnerable populations. Making greater efforts to improve the income and working conditions of medical doctors and nurses/midwives

¹ Modern methods of contraception include contraceptive sterilization, intrauterine devices (IUDs), hormonal methods, condoms, vaginal barrier methods, Standard Days Method, and lactational amenorrhea method, most of which require supplies or clinical services. Traditional methods include abstinence, withdrawal, and the calendar rhythm method (United Nations Population Division 1999:2).

could also help stem the growing incidence of informal, offsite (not in an appropriate medical facility) abortions that serve as a source of salary supplementation.

The importance of RH/FP for maternal and child health has not been sufficiently promoted in the E&E region. The role of modern contraception in spacing births, reducing unintended pregnancies, and reducing the risk of maternal morbidity and mortality resulting from unsafe abortions should be given greater prominence in communication efforts.

Future priority countries should include Albania, Armenia, Azerbaijan, and Georgia. For example, Georgia and Azerbaijan have total abortion rates of 3.7 and 3.2, respectively, per woman, while the U.S. abortion rate in 2000 was only 0.7 per woman. Georgia and Azerbaijan also have low levels of modern contraceptive use at 20 and 17 percent, respectively. Countries with more advanced HIV/AIDS epidemics, such as Romania, Russia, and the Ukraine, also will deserve special attention.

These general findings inform the following priority recommendations pertaining to future USAID RH/FP programming in the E&E region.

RECOMMENDATIONS

Continue Long-Term Assistance for RH/FP Programs in the E&E Region

It is essential that funding for RH/FP programs continue at a substantial level in the E&E region. Countries with the highest abortion and maternal mortality rates and the lowest levels of modern contraceptive use should receive greater priority in future USAID allocations. Given the small desired family size in many E&E countries, it is likely that the demand for abortion will remain high unless modern contraception can be made more accessible.

Expand Successful Pilot Interventions

Much USAID support for RH/FP programs in the E&E region has been in the form of demonstration (pilot) projects. Several program models implemented by USAID have been successful in improving RH/FP care accessibility and quality, such as

- the integration of RH/FP care with primary health care,
- the integration of RH/FP care with family-centered maternity care,
- the provision of increased support for postabortion RH/FP care,
- more sustainable Women's Wellness Centers that are better coordinated with national RH/FP programs, and
- the expansion of RH/FP counseling and care specifically designed for youth.

While these activities have often produced impressive results, national-level impacts will be limited if successful pilot programs cannot be replicated and expanded.

Promote Greater Contraceptive Security in the E&E Region

Without a reliable supply of modern contraceptives, it will not be possible to make significant progress in providing RH/FP care. USAID should assist governments in improving their contraceptive management capacity and plans for ensuring sustainable and self-reliant procurement operations. Such plans should also enable governments to ensure that contraceptive supplies are available to most vulnerable population groups.

Expand Social Marketing Efforts Combining Behavioral Change and Targeted Commodity Distribution Approaches

USAID should assist governments in the E&E region to strengthen contraceptive social marketing programs to better serve high-risk (vulnerable) groups. In countries with small potential commercial markets (e.g., nations in the Caucasus), regional approaches in which similar product lines are introduced in several countries should be considered.

Promote Preservice Training and Curriculum Reforms in Supporting the Strengthening of Family Doctor and Family Group Practice Service Delivery

In supporting the introduction of new RH/FP standards and protocols and the training of family doctors, emphasis has been given to inservice training. Surprisingly little attention has been given to preservice training. The introduction of new RH/FP training curricula in medical schools responsible for graduating new family practitioners is an important priority in many settings. Such initiatives will help ensure that health sector reforms introduced in many E&E countries will become permanent features of the region's newly restructured health delivery systems.